U.S. Jepartment of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Offic	ial Use Only
. 🖇	Rec'd
E . (	W6232005 )
	42.0
MS DA	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12959	2. Fiscal Year Covered From:	
,	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name LOUIS J DIGIAMPACLO	Name TEAMSTERS LOCAL 25	
	Labor Organization File Number 033-335	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 544 MAIN STREET	Street 544 MAIN SPREET	
City CHARLESTOWN	City CHARLESTOWN	
State Massachusetts ZIP Code + 4 02129	State Massachusetts ZIP Code + 4 02129	
5. Position in labor organization. VICE-FRESIDENT/FIELD REP.		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
monetary value from an employer whose employees your organizati	Ion represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name [		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
	and the second s	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Van Dithules	On 08/15/2005 (617) 241-8825	
	Date Telephone Number	
Form LM-30 (2003) 9204 13 50 200 2	7031 1113 December 2	

Name of Person Filing LOUIS DIGIAMPAOLO	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name DOUBLE TREE  Trade Name, if any: LA POSADA RESORT  P.O. Box, Bldg., Room No., if any  Street 4949 EAST LINCOLN DRIVE  City SCOTTSDALE  State Arizona ZIP Code + 4 85253	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TEAMSTERS UNION 25 HEALTH SERV. & INS. PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  LOUIS DIGIAMPAOLO IS A UNION TRUSTEE OF THE PLAN. THIS IS THE HOTEL AT WHICH THE PLAN'S ANNUAL TRUSTEES' MEETING WAS HELD IN MARCH 2004.	
Street 16 SEVER STREET  City CHARLESTOWN  State Massachusetts ZIP Code + 4 02129	11.b. Approximate dollar value of such dealing. \$12,181  12.a. Nature of interest held or income received.  HIS ROOM CHARGES FOR ATTENDANCE AT THE MEETING WERE \$586 AND HIS HOTEL MEAL CHARGES WERE \$27.	
	12.b. Amount. \$613	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

ma ( ,